

031904  
18851 U.S. PTO

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	Attorney Docket No.:	03-237
	First Inventor:	Jan Weber et al.
	Title:	MEDICAL ARTICLES HAVING REGIONS WITH POLYELECTROLYTE MULTILAYER COATINGS FOR REGULATING DRUG RELEASE
	Express Mail Label No.:	ER 851868097 US

17302 U.S. PTO 10805576 031904

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)	
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	
3. <input checked="" type="checkbox"/> Specification Total Pages <span style="border: 1px solid black; padding: 2px;">33</span> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <span style="border: 1px solid black; padding: 2px;">6</span>	
5. Oath or Declaration <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S)                  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul>	
6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies);</li> <li>ii. <input type="checkbox"/> or paper</li> </ul>	
c. <input type="checkbox"/> Statements verifying identify of above copies	
<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) <input checked="" type="checkbox"/> Power of Attorney Statement (when there is an assignee)	
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input checked="" type="checkbox"/> IDS <input checked="" type="checkbox"/> Copies of IDS Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
15. <input type="checkbox"/> Certified Copy of Priority Document	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____ _____ _____	

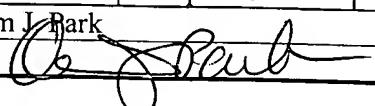
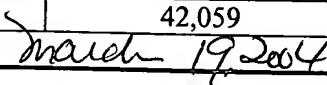
18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

 Continuation  Divisional  Continuation-in- Part (CIP) Prior Appl. No. \_\_\_\_\_

Prior Appl. information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		27774	or	<input type="checkbox"/> Correspondence address below		
Name _____ Address _____ Mayer Fortkort & Williams, PC 251 North Avenue West, 2 <sup>nd</sup> Floor City _____ State _____ NJ _____ Zip Code _____ 07090 Country _____ USA Telephone _____ 908-518-7700 Fax _____ 908-518-7795 Name _____ Keum J. Park Registration No. _____ 42,059 SIGNATURE  Date 						

031904  
18351

Docket No. 03-237

<b>FEE TRANSMITTAL</b>	
Patent fees are subject to annual revision	
TOTAL AMOUNT OF PAYMENT <b>(\$ 1026</b>	

<i>Complete if Known</i>	
Application Number	Unassigned
Filing Date	Filed Herewith
First Named Inventor	Jan Weber et al.
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket No. <b>03-237</b>	

**METHOD OF PAYMENT**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number **50-1047**

Deposit Account Name **Mayer Fortkort & Williams**

Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit Card  Money Order  Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Paid
1001	770	2001	385	Utility filing fee <b>770</b>
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	.770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee

**SUBTOTAL (1) (\$ 770****2. EXTRA CLAIM FEES**

Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid
Independent Claims	<b>32</b>	<b>20</b>	<b>12</b>	<b>216</b>

2	-	3	= 0	<b>0</b>
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Multiple Dependent		<b>280</b>	=	
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Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	280	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	* Reissue independent claims over original patent
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ 216**

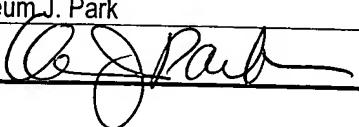
\*\*OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

\*For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late Provisional filing
1053	130	1053	130	Non-English specification
147	2520	147	2520	For filing a request for ex parte Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	420	2252	210	Extension for reply within second month
1253	950	2253	475	Extension for reply within third month
1254	1480	2254	740	Extension for reply within fourth month
1255	2010	2255	1005	Extension for reply within fifth month
1401	330	2401	165	Notice of Appeal
1402	330	2402	165	Filing a brief in support of an appeal
1403	290	2403	145	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	1330	2452	665	Petition to revive - unavoidable
1453	1330	2453	665	Petition to revive - unintentional
1501	1330	2501	665	Utility issue fee (or reissue)
1502	480	2502	240	Design issue fee
1503	640	2503	320	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of IDS
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))
1801	770	2801	385	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application
Other fee (specify) _____				
* Reduced by Basic Filing Fee paid <b>SUBTOTAL (3) (\$ 40</b>				

SUBMITTED BY

Name (Print/Type)	Keum J. Park
Signature	

Complete (if applicable)

Registration No.	42,059	Telephone	908-518-7700
Date	<b>March 19, 2004</b>		

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Jan Weber et al.

Docket No.

03-237

Serial No.  
UnassignedFiling Date  
Filed HerewithExaminer  
UnassignedGroup Art Unit  
UnassignedInvention: **MEDICAL ARTICLES HAVING REGIONS WITH POLYELECTROLYTE MULTILAYER COATINGS FOR REGULATING DRUG RELEASE**

I hereby certify that the following correspondence:

**New U.S. Patent Application***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

3/19/04  
*(Date)***Marjorie Scariati***(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)***ER 851868097 US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**